

|               |             |       |                |                     |
|---------------|-------------|-------|----------------|---------------------|
| SERIAL NUMBER | FILING DATE | CLASS | GROUP ART UNIT | ATTORNEY DOCKET NO. |
| 09/297,317    | 06/17/99    | 340   | 2735           | 3519-4-PUS          |

APPLICANT

MICHAEL J. TRACY, SCOTTSBLUFF, NE; ROBERT L. HINZE, GERING, NE.

**\*\*CONTINUING DOMESTIC DATA\*\*\*\*\***

VERIFIED PROVISIONAL APPLICATION NO. 08/740,361 10/28/96 *PATENT 6,150,955*  
 VERIFIED PROVISIONAL APPLICATION NO. 08/920,085 08/26/97 *PATENT 6,014,089*

*AW*

**\*\*371 (NAT'L STAGE) DATA\*\*\*\*\***

VERIFIED THIS APPLN IS A 371 OF PCT/US97/19406 10/28/97

*AW*

**\*\*FOREIGN APPLICATIONS\*\*\*\*\***

VERIFIED

*AW NW*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED 07/13/99 \*\* SMALL ENTITY \*\*

|   |   |                     |                   |                 |                       |
|---|---|---------------------|-------------------|-----------------|-----------------------|
| Foreign Priority claimed<br>35 USC 119 (a-d) conditions met | <input checked="" type="checkbox"/> yes <input type="checkbox"/> no<br><input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance | STATE OR<br>COUNTRY | SHEETS<br>DRAWING | TOTAL<br>CLAIMS | INDEPENDENT<br>CLAIMS |
| Verified and Acknowledged                                   | <i>AW</i><br>Examiner's Initials  | NE                  | 11                | 48              | 11                    |

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TITLE

TELECOMMUNICATIONS INTERFACE AND ASSOCIATED METHOD FOR COLLECTING AND TRANSMITTING DATA

|                        |   |   |
|------------------------|---|---|
| FILING FEE<br>RECEIVED | FEEs: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>NO. _____ for the following: | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees (Filing)<br><input type="checkbox"/> 1.17 Fees (Processing Ext. of time)<br><input type="checkbox"/> 1.18 Fees (Issue)<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |
| \$890                  |   |   |